Vermont Partnerships for Success

Grantee-Level Implementation Report
Year 1

Submitted to:

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Division of Alcohol and Drug Abuse Programs
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Executive Summary

Partnerships for Success (PFS) is a three-year substance use prevention project being implemented by Vermont Department of Health (VDH) Division of Alcohol and Drug Abuse Programs (ADAP). The targeted substance use outcomes are underage drinking and prescription drug misuse and abuse among persons aged 12 to 25. Six regions of the state (i.e., grantees) were selected for funding. Prevention activities funded through the PFS are coordinated by the VDH Health District office in each region, which in turn delegates the fiscal management and project implementation responsibilities to qualified community-based organizations that serve each region.

After one full year of implementation at the regional level, significant progress has been made in all six regions. Activity on all of the various prevention strategies selected by the grantees is underway, and all grantees are far enough along such that they have been working on half or more of the key activities, or steps, required for proper implementation of almost every intervention being implemented. Noteworthy accomplishments by the six grantees during the first year of implementation of their underage drinking prevention efforts include the following:

- enactment of two community-level policies designed to reduce underage drinking
- 69 underage drinking party patrols were conducted
- 342 college students participated in an online alcohol screening and education program designed specifically for college students (Alcohol Edu)
- 74 adults participated in another online alcohol screening and education program suitable for use in the community (eCHECKUP TO GO)
- 73 parents participated in parenting education programs
- recognition of 123 retailers for passing underage alcohol compliance checks
- participation of 42 businesses in the Sticker Shock program
- promotion of other environmental strategies (e.g., responsible beverage service training) to reduce underage drinking in all six regions

Prescription drug misuse prevention efforts have included community outreach by all six grantees to educate the community using a wide variety of media venues, as well as the provision of customer education materials on proper storage and safe disposal to 67 pharmacies and 24 health care providers.

In addition to the above, all grantees are actively working on community mobilization and media advocacy efforts. To support their efforts, grantees have been successful in engaging a variety of partners from various sectors of their communities. In particular, over half of the grantees reported a high or very level of collaboration with each of the following sectors: business community, healthcare professional, law enforcement, schools, government agencies, youth serving organizations, and colleges. In addition, grantees collectively initiated 185 contacts with media outlets and identified 75 instances of earned media on topics relevant to their PFS projects. With respect to capacity building, training and/or technical assistance (TTA) was provided to most or all grantees (for whom the TTA was applicable) on 14 of the 22 strategies being implemented across the six regions. With one exception, average ratings by the grantees of TTA received fell somewhere between "useful" and "very useful."

Key overall themes that emerged from process evaluation efforts during the first full year of implementation by the grantees include:

- Collaboration with traditional and non-traditional partners at the regional level has taken some time and effort to establish, but has opened up some new opportunities for sustainable prevention strategies. Conversations with regional planning commissions about inclusion of language that supports sound prevention practices within regional and town plans is an example of this.
- The Hungry Heart film presentations and community forums on opiate use have been helpful in opening up dialogue within the community at large and with health care providers about the issues surrounding substance use among youth.
- Efforts around education and outreach on proper storage and safe disposal of prescription drugs have led to new and expanding partnerships with community groups including law enforcement, recovery centers, senior centers, treatment providers, health care provider and pharmacies. These partnerships help strengthen and improve saturation of prevention efforts.

Despite the progress made so far, a number of challenges and gaps in strategy implementation have also been identified by the grantees. Following is a summary of the most prominent issues, along with PIRE's suggestions for ways in which they might be addressed:

Issue	Potential Strategies to Address the Issue
1. Policy education initiatives have stalled in part due to a lack of examples	Several organizations do provide sample ordinances. ADAP can provide links. Also, ADAP could facilitate sharing of experiences and ordinances developed among grantees.
2. Low capacity of law enforcement agencies to enhance underage drinking enforcement	Grantees expressed an interest in having ADAP look at planning with law enforcement at the state level as a way to facilitate local implementation. Additionally, grantees should determine whether lack of perceived need by law enforcement also contributes to low enforcement levels.
3. Low participation in parent education programs	Grantees continue efforts to build community interest through media advocacy and other information dissemination and promotion activities.
4. Materials from VDH on Rx drug misuse not available	Materials from VDH on storage and disposal are now available. In addition, ADAP could facilitate sharing of grantee-developed materials.
5. Other evidence-based Rx misuse strategies have not been identified	Not much can be done about this. One recently developed program appears promising, although its components overlap a lot with what grantees are already doing (see: www.projectlazarus.org).
6. Difficulty in planning and implementing strategies that are truly region-wide	This is a major challenge for Vermont's PFS approach. One approach grantees could take is to implement strategies in selected communities first and then continue to build partnerships to expand these efforts.
7. Lack of ability/capacity to track all instances of earned media	ADAP or PIRE might consider consulting with a media tracking agency or professional to provide guidance, and/or consider hiring an agency to perform the tracking. Alternatively, only require tracking of media generated by the grantee's own media advocacy efforts.
8. Training has not been provided for some strategies	ADAP could ask whether there is a perceived need and interest in trainings on these strategies, and facilitate making them available.

In addition to the above recommendations, continued and intensified media advocacy and partnership building efforts by grantees will likely help to address many of the challenges noted above and throughout this report.

I. Introduction

The purpose of this report is to provide the Vermont Department of Health (VDH) Division of Alcohol and Drug Abuse Programs (ADAP) with a summary of process evaluation data collected during the first year of community funding for Vermont's Partnerships for Success (PFS) program. PFS is a three-year substance use prevention effort being implemented by ADAP that is funded through a grant from the federal government's Substance Abuse and Mental Health Services Administration (SAMHSA).

Vermont's PFS grant is aimed at the following objectives:

- Reduce underage and binge drinking among persons aged 12 to 20,
- Reduce prescription drug misuse and abuse among persons aged 12 to 25, and
- Increase state, regional and community capacity to prevent underage drinking and prescription drug misuse by implementing a targeted regional approach.

In order to further develop a regional approach to substance abuse prevention, ADAP chose to allocate PFS funds to six regions of the state and to utilize the existing infrastructure of the VDH District Offices to coordinate implementation of the project. These regions were defined either as counties or as VDH Health Districts. For the purposes of this report, the term "grantee" will be used to describe these funded regions. District Directors in these six regions took the lead on the selection of a community agency to be the fiscal agent and "lead agency" for the region's PFS work and worked with the lead agency to develop a regional strategic plan. These lead agencies are responsible for all fiscal management and reporting to ADAP for the project and are required to sub grant to other community agencies that are best equipped to implement specific strategies and to expand partnerships which broaden the reach of interventions. ADAP provided a menu of options for evidence-based interventions and activities. Selection of one or more strategies within environmental or population-level approaches including policy education, law enforcement and community outreach was required, but grantees were allowed to also select certain individual-based strategies such as prevention education for parents, college students, etc.

Vermont's PFS funding began in the fall of 2012. By October 2013, all regional strategic plans had been approved and implementation was underway. This report describes grantees' progress during their first year of PFS implementation, including their successes as well as the challenges they encountered, and may be useful for identifying goals for the upcoming year and for future iterations of this program. It includes data collected from the beginning of implementation in the summer or fall of 2013 through September 2014. The PFS project will continue for at least another full year (through September 2015), and may continue through September 2016 pending receipt of a twelve month no cost extension. Findings from the outcome evaluation are not yet available, as that component will rely on follow-up data from the 2015 Youth Risk Behavior Survey (YRBS) and 2016 Vermont Young Adult Survey (YAS).

The data source for this report is process data collected from the six grantees through the Community Grantee Reporting System (CGRS). Each quarter grantees log onto CGRS and enter information on implementation of their PFS activities across the region that is served by

their project. Every six months, grantees are asked to provide more detailed information including ratings of progress on each key activity and quantitative data on their interventions. PIRE produces reports showing the responses from each grantee following each reporting period. These reports are shared with ADAP and used for the purposes of grant monitoring and identifying training and technical assistance needs as well as providing information on grant activities to SAMHSA on a quarterly basis.

II. Interventions and Activities to Prevent Underage Drinking

1. Overall progress on implementation

For all the evidence-based interventions grantees are implementing to prevent alcohol use among persons aged 12 to 20, ADAP provided work plans that included the steps, or key activities, necessary to implement the intervention with fidelity. This information was compiled from a variety of sources, including the Environmental Strategies Implementation Fidelity Guide provided by CSAP during the implementation of a previous grant called the Strategic Prevention Framework State Incentive Grant, guidance documents provided by CADCA, and implementation manuals for specific individual-based interventions when available. As noted above, every six months grantees are asked to rate their progress on these steps by indicating whether each step is "not started", "partially completed" (meaning activity on this step has ended, but the degree of the implementation was less than planned or expected), "in progress" or "completed" (to the degree expected). Table 1 summarizes how many grantees are implementing each intervention as well as their progress on these steps. Because this was the first year of implementation and many of the interventions (e.g. education on policy approaches) require more than a year to fully implement, it is not surprising that many grantees have not yet started all of the key activities for several of their interventions. As Table 1 indicates, all of the grantees had started at least half of the activities for all interventions being implemented by the second full reporting period, with the exception of saturation/party patrols (only 5 of the 6 grantees) and e-CHECKUP for colleges (neither of the 2 grantees). Furthermore, for many interventions most or all of the grantees implementing the intervention had already been working on all the steps.

In examining the progress made on specific interventions, Table 1 shows that for most prevention education interventions such as the various parenting programs, grantees were able to have started all of the component activities by September 2014. These programs consist of a clearly defined cycle of implementation that can be completed within a shorter period of time. It is likely that grantees will be able to implement an additional cycle of parenting programs before the end of the grant period. Education on restrictions on alcohol in public places is progressing more slowly. From conversations with grantees at site visits and the narrative submitted with their reports, this seems to be due primarily to lack of readiness in the communities and/or interest among policy makers in making changes. In some cases, grantees have decided to abandon certain interventions that are making little or no progress, such as social marketing around social host liability and e-Checkup for colleges. These issues are further described in the following subsections and typically are documented in the progress ratings as involving steps that grantees were unable complete. In these cases, grantees are working on identifying other strategies that they might pursue instead with their resources.

Table 1. Summary of Progress by Grantees (N=6) on Implementing Each Evidence-based Intervention, by Reporting Period[1]

Intervention:	Number of progress steps	Period 10/13 thru 3/14			Period 4/14 thru 9/14		
		Number of grantees[2]	Number of grantees that started on at least half of the steps	Number of grantees that started on all of the steps	Number of grantees	Number of grantees that started on at least half of the steps	Number of grantees that started on all of the steps
Restrictions on alcohol outlet density	14	2	0	0	2	2	0
Restrictions on alcohol in public places	13	5	5	0	5	5	0
Enhancements to social host liability	13	1	1	0	1	1	0
Enhancements to open container regulations	13	1	1	0	1	1	0
Restrictions on advertising and promotion	13	1	0	0	1	1	0
Party Patrols[3]	9	5 (1)	1	1	0	--	--
Saturation patrols[3]	9	5 (3)	2	2	0	--	--
Saturation/Party Patrols	14	0	--	--	6	5	4
Community mobilization	21	6	6	3	6	6	5
Media advocacy	8	6	6	3	6	6	4
Healthy Retailers Activities	7	1	1	0	0	--	--
e-CHECKUP for College	14	1	0	0	2	0	0
Alcohol Edu	11	1	1	1	1	1	0
Guiding Good Choices	12	1	1	1	1	1	1
Nurturing Parenting Program	13	1 (0)	--	--	1	1	1
Parenting Wisely	12	1	1	1	1	1	1
e-CHECKUP for the Community	14	2	2	0	1	1	0
Enhancements to Social Host Liability: Social Marketing	15	1	1	0	0	--	--

[1] Additional activities that support statewide evidence-based interventions are being done by grantees but are not reported in this table.

[2] If any grantees have incomplete progress rating data (and therefore cannot contribute to the next two columns), the number of grantees that do have complete data is shown in parentheses.

[3] These interventions were combined into one called Saturation/Party Patrols starting with the April-Sept 2014 reporting period.

2. Education on Policy Approaches

Grantees were required to select at least one policy-level intervention which could include providing education on:

- Alcohol outlet density control through zoning and municipal regulation
- Ordinances/policies restricting alcohol in public places and/or at community events
- Local enhancements (as permitted by state law) to one or more alcohol control regulations such as social host liability, restricted hours of sales, keg registration, restrictions on advertising and promotions, etc.

Table 2 summarizes the types of policies grantees are working on and the progress on policy development and approval.

Table 2. Types of Policy Education and Progress Made

Type of policy education	Number of grantees implementing	Number of policies developed	Number of policies approved
Enhancements to open container regulations	1	1	1
Enhancements to restrictions on advertising and promotion	1	0	0
Enhancements to social host liability	1	0	0
Restricting alcohol outlet density	2	1	1
Restrictions on alcohol in public places and/or at community events	5	0	0

For Education on Policy Approaches, two grantees reported successful town-level policy changes. Considering the time it often takes to enact new policies, this is very encouraging. On the other hand, the findings also reflect the difficulty grantees have encountered in even developing policies regarding restrictions on alcohol access in public.

Successes

Grantees were asked to describe successes for each intervention. Several also reported conducting a systematic review and assessment of current policies and ordinances in their region that relate to alcohol use and some shared success at getting health language added to town or regional plans that will help support efforts to prevent substance abuse among youth. One grantee reported the development of a summary document on what local policy makers can do to improve local policy in ways that will help prevent substance abuse.

The following are examples of some of the statements grantees made in their CGRS reports highlighting successes of Policy Education initiatives.

MAPP met with Weathersfield Planning Commission and Select Board members during the past three months. MAPP collected data on the locations and density of alcohol availability in the town and convinced the town to include language in its town plan to limit the number and location of stores that "do not sell products to minors". This policy as written into the Economic Chapter is all encompassing and therefore it allows the Planning Commission to take action on business proposals that include any products illegal for to be sold to minors. A victory for pro-action of youth in Weathersfield, and an example that can be shared with surrounding town and the region.

RAP is pleased to report that the Castleton Town Selectboard chose to pass an open container ordinance for the entire town of Castleton, effective mid-December, 2013. RAP is continuing to offer our support through promotion and community education of this new policy.

The Town of Waterville incorporated language to foster a healthy community into its Town Plan update, which was a result of the PFS work. Additionally, the Lamoille County Regional Plan addresses health and wellness, particularly substance abuse prevention, in its plan update. LCPC's staff often brainstorms ideas for the project and future phases to continue the work. This is a shift in staff thinking about planning, public health, and the built environment and how those intersect.

Challenges

Grantees were also asked to report on challenges for each of their interventions. For Policy Education initiatives reported challenges included lack of stakeholder motivation or understanding about how local policy can impact substance use in the community, lack of existing model policies to help demonstrate how this can be done, and the slow pace of these kinds of changes.

A lack of existing models to tailor has been a challenge. It is often helpful to take sample policy language to communities while they are updating their municipal plans. So far, searches have yielded no prior work on this topic. This project may be breaking new ground in how municipal plans are used – the potential for this project to have a wide applicability outside of Vermont is quite high. The challenge will be to develop something that can be a model for other communities in and out of Vermont.

It seems the hardest part of policy change work is changing the culture that supports the negative policy (or lack of enforcement).

3. Enhanced Law Enforcement

Grantees were required to select at least one intervention that served to enhance the work of enforcement of underage drinking and driving under the influence laws. They could provide resources to local law enforcement to increase the number of Saturation/Party Patrols and or Sobriety Checkpoints in the region. All six grantees chose to enhance Saturation/Party Patrols in their communities. As indicated in Table 1, five of the six grantees have started working on at least half of the steps and four have started on all of the steps. The table below shows the number of discrete enforcement activities that have been conducted by the participating enforcement agencies.

Table 3. Number of Enhanced Law Enforcement Activities Conducted
(All 6 Grantees)

Law enforcement activity	Total number
Proactive patrols conducted	49
Minor in possession citations issued	69
Parties responded to by patrols	21

Successes

Grantees reported successful relationship building with law enforcement agencies including the development of MOUs to help coordinate the work to be done.

> *We were able to have a conversation with all concerned law enforcement agencies throughout the county, develop contact information, and explain the strategies involved in the grant. Through our face to face meetings, we were able to discuss their needs, and fine tune our activity report and MOU. As a result we were able to put out patrols at four proms and four graduations throughout Windsor County.*

> *A big part of the success we observed was in getting the relationship established. Once this was accomplished, things moved forward quickly.   This was an important step in validating all the prior START work that had been done for years and mapping out plans to continue to work together.*

Challenges

A clear challenge for several grantees has been the coordination of these efforts across the multiple law enforcement agencies that serve the region. Another issue has been that these agencies have had some difficulty finding officers who are interested in taking on the extra patrols. Some have indicated that they already receive funding from the Governor's Highway Safety Program to do similar patrols. Grantees have shared with ADAP that it would be helpful if there could be some statewide coordination of these efforts.

> *Communication with the Sheriff's Department and collaboration between multiple law enforcement agencies has been a challenge. For the next grant year, we are creating MOU's that more firmly outline expectations of collaborative efforts and communication among these groups.*

> *We learned that Montpelier police are short staffed and even if funding is provided for overtime for officers to hold more patrols, there are not sufficient officers willing to work.*

> *With the loss of START funding and meetings and initiative, this planning will be more difficult until we get the support of more law enforcement officers and/or support from the state to have this be a law enforcement priority in our area.*

Law enforcement agencies report that they have existing funds to support efforts similar to this. They also report that they are typically short staffed and that officers are not usually available to work extra hours.

The perceived need for greater state-level coordination of enforcement activities has been noted. In addition, it could also be useful for grantees to discuss with their local LEAs whether resistance to intensifying their underage drinking enforcement activities is due to a belief that current enforcement levels are sufficient, or whether it is primarily due to lack of resources or officer availability.

4. Electronic Screening and Brief Intervention

A small number of grantees are implementing Electronic Screening and Brief Intervention (e-SBI), primarily for young adults in college or the community at large. The table below shows which e-SBI programs are being used and how many individuals have been reached by each one so far.

Table 4. Data on Electronic Screening and Brief Intervention

Type of Intervention	Number of Grantees Implementing	Total number of individuals reached
E-Checkup for College	2	2
Alcohol Edu	1	342
E-Checkup for the Community	2	74

The low number of individuals reached through E-Checkup for College reflects the difficulty grantees have had with getting colleges to commit to using the program. Progress was being made with one college, but the position for the staff person at the school responsible for substance abuse prevention programming was cut, which has stalled progress. The two students who completed the program resulted from limited outreach on campus directing students to the community version of E-Checkup. The successes with implementation of Alcohol Edu and E-Checkup for the Community are described in more detail below.

Successes

Implementation of Alcohol Edu at Johnson State College has been particularly successful. It is required for all incoming freshman, and they have reported very high completion rates (close to 90%) in both years they have implemented so far. They have also reported a decrease in the number and severity of alcohol policy violations since starting the program. One grantee also reports success in developing relationships with local employers who employ a large number of young adults and are interested in providing e-Checkup as part of their employee wellness programs.

In fall 2013, there was a significant decrease in alcohol policy violations (14) compared to fall 2012 (48). There could be many factors as to why there was such a decrease; however, providing our incoming class with the education and prevention tools to make healthy and safe decisions related to alcohol use early in their fall semester certainly could have been a contributing factor.

A success of this intervention thus far is that we have established relationships with local employers who are supportive of the effort, especially one resort that employs many in this age group and who identifies a need for this type of early intervention.

Challenges

Some grantees have reported a challenge in getting area colleges to commit to using e-SBI and have also reported that the process of getting a tool approved by a college or employer can take a long time and can depend on finding the right contacts at the organization.

It has been difficult to get a college to actually commit to using this tool and rolling out a full program. We need to develop more and different key partners at the colleges.

The best time for a company is not always ours. It's taking a lot of patience and ongoing connecting to getting this program implemented in the business setting. Often educating managers then weaving through the layers of authorization in the larger organizations is a challenge.

5. Parenting Programs

Another optional intervention that grantees could choose to implement is evidence-based parent education with a focus on preventing substance use among youth. These programs are delivered by either staff members of partner organizations or community members who are trained in facilitating the curriculum. Few grantees have chosen these types of interventions, but the table below shows how many are doing each type and how many parents have been reached so far.

Table 5. Data on Parenting Programs

Type of program	Number of grantees implementing	Total number of parents reached
Guiding Good Choices	1	46
Nurturing Parenting Program (Nurturing Fathers)	1	16
Parenting Wisely	1	11

As noted in Table 1, overall implementation of parenting programs has been going well with most of the key activities underway or completed during the first year. A continuous challenge for these programs is the engagement of parents and maintaining participation throughout the program. It is possible that sustained grantee outreach and media advocacy efforts which are designed to draw public attention to the issues of substance abuse prevention among youth could lead to higher participation rates as parents recognize the role that they play in preventing underage drinking and prescription drug misuse.

Successes

One grantee used a centralized coordination process for parenting classes around their region and reported that this went very well. This involved offering classes in various communities around the region and having a centralized community calendar, website and Facebook page to publicize these classes throughout the county so that interested parents could choose the class location that is most convenient for them. Grantees also reported receiving very positive feedback from class participants.

> *Centralized parent class coordination for PFS Windham County helps create unified message and collaboration. Dates of parent classes are communicated consistently throughout county.*

> *100% of participants surveyed indicated that this course was helpful or very helpful. 100% of participants surveyed indicated that they were likely or very likely to use the information in this course with their own family or children in their care.*

Challenges

A challenge expressed by all grantees implementing parenting programs was the difficulty in recruiting parents to sign up and follow through with participation in all of the sessions. The grantee who is implementing Nurturing Fathers also reported some mixed results based on some of the items on their pre and posttests that were given to participants. The results for several posttest questions (feeling prepared to talk with your children about alcohol use, set up family rules and expectations about marijuana use and talking with your child about the risks of other drug use) showed a decrease in knowledge and skills. They attribute these decreases to participants feeling more comfortable by the end of the sessions and also having an increased understanding of their role as a parent in preventing and responding to substance use which they think could possibly have led to more honest and realistic responses on the posttest. They also reported an increase on other items that related to knowing where to go for support, confidence as a parent and ability to handle stress.

> *It takes consistent communications with parents and follow up to get enough folks enrolled in the class. It takes casting a broad net of outreach efforts to reach parents and schools and other organization to promote the class. It can be very time consuming and takes quite a bit of staff time to fill the class.*

> *Six people registered for the Brattleboro class and only three showed up. This was disappointing. It is a challenge to get the classes filled.*

6. Other supporting activities to prevent underage drinking

Grantees were required to work on two activities that support evidence-based interventions to reduce underage drinking that are implemented by other State partners; compliance checks and Responsible Beverage Service Training (RBST). Grantees were asked to support these by recognizing retailers that pass compliance checks and providing space, promotion, light refreshments and/or acknowledgement of participating merchants for RBST in their region. In

addition, some grantees elected to conduct Sticker Shock, which involves working with local retail outlets and having youth volunteers place stickers on alcohol packaging describing the legal risks of providing alcohol to minors. Table 6 shows data collected on the level of activity generated by these efforts.

Table 6. Data on supporting activities to reduce underage drinking

Activity	Number of grantees	Relevant data
Retailer recognition for passing compliance checks	6	• A total of 123 businesses were recognized
Support activities for responsible beverage service training	6	• Grantees assisted with a total of 19 Merchant Education Seminars
Sticker Shock	5	• A total of 42 businesses participated • A total of 63 youth volunteers participated

While there is some variation by region in the strength of relationship with local Investigators, DLC is appreciative of the support provided by grantees for their work in the community. These activities are also very helpful for building relationships with businesses in the community and Sticker Shock is a great way to engage youth and draw media attention to the issue.

Successes

Grantees reported having good relationships with local retailers and their appreciation for the recognition and support. These activities are often cited as good for community building and engaging youth and local business in prevention efforts.

We are pleased that many of the stores we have been working with in the past continue to pass. We are happy that the stores near our elementary, middle, and high schools are passing. We are in a good position to continue to work with DLC and to recognize businesses over the next year.

We view it as a success that we were able to bring recognition to an area of the county that historically had not received recognition.

All fifteen stores that were engaged in sticker shock events during this quarter were receptive and pleased to participate… photos were taken in each store and press releases were created for each region of sticker shock. At least three of the press releases were published to the media.

As a result of [Sticker Shock], one community is reporting a new relationship with the town's Youth Officer who is also joining their board. Other communities report that this intervention is a useful way not only to engage younger youth but also to provide an opportunity for them to engage in positive ways with their community.

Challenges

Grantees expressed frustration with the small number of compliance checks and delays in posting data on compliance checks on the DLC website. Several also reported spending a great deal of time and effort finding times when youth could be involved in Sticker Shock and coordinating these activities with school schedules.

> *The only disappointment is that there is not enough DLC manpower to do more compliance checks on a more frequent basis.*

> *Compliance checks have not been recorded on the DLC website though we have been assured by our DLC Investigator that they were conducted in our catchment area.*

> *The biggest challenge is finding a time that the students are available [for Sticker Shock]. It is a challenge in some of the schools getting administrative support for this type of activity.*

III. Activities to Prevent Prescription Drug Misuse

Grantees are required to conduct education and outreach in their communities in order to increase awareness of methods of proper storage and disposal of unused prescription medications and the risks of prescription drug misuse. These activities fall into two main categories; education and outreach to the community at large, and outreach to pharmacists and health care providers to collaborate on the dissemination of prevention messages. Because data collection on these activities did not begin until July 2014, limited data are available for the timeframe covered in this report. Additionally, unlike the UAD prevention strategies, there was insufficient information available on the key steps required, so the data collected on these strategies do not include implementation progress ratings. Table 7 shows the number of grantees reporting different forms of outreach to date and Table 8 shows the number of pharmacists and healthcare providers reached.

Table 7. Number of PFS Regions Using Different Types of Outreach to Educate the Community about Proper Storage and Safe Disposal of Unused Prescription Drugs

Type of outreach	Number of grantees using
Brochures	4
Community events	6
Print media	4
Press release	3
PSA	2
Radio	3
Social media	6
Television	2
Website	5
Other (e.g. flyers, posters, newsletters, Rx bag inserts)	4

Table 8. Number of Pharmacies and Health Care Providers/Practices Reached by Grantees with Materials on Proper Storage and Safe Disposal to be Distributed to Patients

	Total number reached
Pharmacies/pharmacists	67
Health care providers/practices	24

For general community outreach, most grantees are reporting use of community meetings, social media and websites to get the message out about safe storage and proper disposal. More traditional print media, radio and television are being used less frequently though are certainly important for getting the word out, especially to older segments of the population. There was been a delay in the development of materials by ADAP that can be used statewide, so many grantees have developed their own. In the fall of 2014, a media toolkit and brochure was released by ADAP that can be used across the state. The brochure can be found here: http://healthvermont.gov/adap/documents/PrescriptionMedicationStorageDisposal.pdf.

Grantees also promoted Prescription Drug Take-Back events sponsored by the DEA and also publicized permanent safe drop-off locations in the community. As a result of collaborative efforts between PFS grantees and local law enforcement agencies, a total of 3 new safe drop-off locations were established in funded regions.

Successes

Grantees reported multiple creative approaches to getting the messages about safe storage and disposal out to the community such as through senior centers, meals on wheels programs, etc. They also reported that the community screenings of the film Hungry Heart and community summits regarding opiate use provided good opportunities for communicating concrete things that community members can do to prevent prescription drug misuse. These activities have also led to strong collaborations with law enforcement. Discussions with health care providers and pharmacists have led to new understanding of the issue for all involved. These collaborations have allowed for greater saturation of prevention messages.

> *In trying to find a fresh, clear and compelling way to communicate with the public about the importance of safeguarding and prompt and proper disposal of unused Rx drugs, we developed a pilot project being launched on April 8. The pilot consists of a law enforcement pick-up of Rx drugs from homes of people who cannot drive to take back day or to the drop-box in Woodstock Police facility. We have created a rack card that shows a friendly police officer with the drop box, giving a number to call to have Rx drugs picked up.*
>
> *Drug Take Back Day in Winooski was a way to connect with a whole group of organized people, the newly re-formed Neighborhood Watch group, and educate them on this issue and more. Overall, this has been a way to expand our reach and message to other towns, and amplify it, as well, by cross-marketing.*

The Hungry Heart film screenings have increased attention to the issue of drug misuse and community understanding.

Having a conversation with a room full of people that are in the medical profession provides us with insights that we might not have gotten otherwise. It also allowed them to see us as a community partner. This has opened the door for us to be able to provide prevention information for waiting rooms and/or posters in offices about Rx drug abuse prevention.

Challenges

Grantees noted that engaging pharmacists, especially at chain pharmacies, has been a challenge. In addition, some mentioned a lack of fully developed and evidence-based strategies for the prevention of prescription drug misuse as well as the delay in the availability of statewide communications materials as challenges with these activities.

It is difficult to get pharmacists from chain pharmacies to distribute materials to their patients.

Again, the area Pharmacists are so busy that it is a little difficult to really connect with them to have them be present at our events or for us to always know where they will be doing community outreach.

The pilot project has been slow to take off. Also, we continue to wait for statewide media to distribute.

Prevention of Rx drugs is not fully developed. What are best and effective strategies? Our members often look to treatment and recovery strategies, but that is not prevention.

IV. Strategies that address both underage drinking and prescription drug misuse

All grantees are required to engage in two evidence-based strategies, Community Mobilization and Media Advocacy, which are designed to support all of the other activities being done to prevent underage drinking and prescription drug misuse. This section describes these strategies and summarizes data collected so far.

1. Community Mobilization

Community Mobilization is the process of engaging stakeholders throughout the community to take action on prevention priorities. It includes collaborating with partners from a range of sectors, building relationships with local policy makers, engaging youth in prevention efforts, ensuring cultural competency and engaging with cultural sub-groups, and the identification and securing of needed training and technical assistance. Data reported in this section includes a summary of collaboration with partners in various sectors.

For most sectors, grantees reported increases in collaboration with community partners since the beginning of the project. Table 9 shows the number of grantees with partners in each sector and with partners collaborating at a high level. By the second full reporting period

almost all grantees were collaborating with almost all of the sectors. Even with the overall high levels of collaboration, however, there are areas where improvement is possible. In particular, it is notable that only four of the six grantees reported high level collaboration with healthcare professionals and with schools, two community partners that would seem to be particularly important.

Table 9. Number of Grantees (N=6) with Partners in Each Sector
and with Partners Collaborating at a High Level

Sector:	Period			
	10/13 thru 3/14		4/14 thru 9/14	
	Number of Grantees with at Least One Partner	Number of Grantees with At Least One Partner Collaborating at High or Very High Level	Number of Grantees with at Least One Partner	Number of Grantees with At Least One Partner Collaborating at High or Very High Level
Business community	5	4	6	6
Civic/volunteer group	3	3	5	2
Clergy/religious organization	3	1	5	3
Healthcare professionals	6	3	6	4
Judiciary	2	1	3	0
Law enforcement agency	6	5	6	5
Media	6	4	6	3
Parent	5	3	5	3
School	6	5	5	4
State, local and/or tribal governmental agency	6	4	6	5
Youth	6	3	6	3
Youth serving organization	6	4	6	4
Other individual or organization involved in preventing or reducing substance abuse	4	3	6	3
Colleges	5	5	5	4
Young adults	5	2	5	2

Successes

Grantees again reported positive community conversations and opportunities for new collaborations that have developed from the community screenings of the film Hungry Heart and community summits regarding opiate use. In addition, youth engagement efforts as well as collaboration with schools were reported as very strong in some regions.

> *We were successful with reestablishing a relationship with the schools and got commitments from them to work with us to inform parents about some of our initiatives such as the Alcohol Awareness month event and the Rx Drug Take Back event.*

> *The Forum on Opiate abuse was a great collaboration between the PFS, the Brattleboro Retreat, Marlboro College, Turning Point Recovery Center, the Brattleboro VDH District office and United Way. Representatives met a number of times for planning the event. 60 people attended the event. Follow-up meetings are planned.*

> *A key success for Chittenden Prevenion Network (CPN) was collaboration between coalitions to envision and coordinate the Above the Influence Retreat, the largest prevention-related youth training opportunity in the county… In addition, coalitions continued to develop relationships in their respective communities that promoted strengthening of youth engagement practices.*

> *We are very pleased with how well our PFS strategies are woven together and how easily most of our partners are collaborating.*

Challenges

Grantees noted a few challenges with Community Mobilization, particularly at the regional level. Several grantees indicated that partners and collaborating agencies do not always identify with a county-wide or broader regional approach. In addition, one grantee expressed the challenge of knowing how best to engage with culturally diverse groups within their region.

> *Community mobilization gets more difficult to envision as we take the county wide approach. Youth were involved locally in many towns to implement Sticker Shock this past quarter, however, getting youth or citizen or business representation on the larger WCPP / PFS coalition is more difficult as no one person associates themselves as part of a county wide approach (except for our prevention or law enforcement partners.)*

> *It is difficult to find, outside of PFS sub grantees, any organization that identifies itself as being representative of the entire county.*

> *In addition, it is not clear to some coalition staff how culturally diverse subgroups should be engaged in PFS work. Though the importance of this is understood, receiving information regarding methods for engaging underrepresented populations (including who, how, and in what project areas) would be helpful in order to progress with this section of the work plan.*

2. Media Advocacy

Grantees are also required to engage in Media Advocacy, which is the development of relationships with media outlets to inform and increase media coverage of prevention activities. The objective is to increase public awareness of substance abuse issues and support of prevention strategies through media. Earned media is any media that is not paid for or distributed by the grantee, though it can be and often is generated as the result of a press release or other contact with a grantee. The instances of earned media can be considered a measure of the effectiveness of an organization's media advocacy efforts. Through this strategy, grantees contacted the media on a variety of topics a total of 185 times and identified over 75 instances of earned media (*not including instances in other category). Table 10 summarizes the types of earned media reported by the grantees and Table 11 shows the types of messages addressed by earned media.

Table 10. Number of Instances of Earned Media by Type

Type of media	Number of instances
Letter to the editor	3
Newspaper story	43
Editorial/op-ed	6
TV story	16
Radio interview or story	6
Blog story/discussion	2
Other	402*

*In reviewing the description of types of media included in the "other" category, it was clear that some of the instances in this category would not be considered earned media but rather grantee-generated media such as ads, flyers, press releases, etc.

Newspaper articles were the most common type of earned media, and prescription drug misuse was addressed over twice as frequently as underage drinking, probably due to the increase in statewide attention to opiate use during the first year of this project.

As noted below, grantees have identified logistical challenges in tracking earned media in the areas. It is possible that the intensity of such efforts, and therefore the accuracy of the numbers reported, vary over time and across grantees.

Table 11. Number of times each type of message was addressed by earned media

Type of message	Number of instances
Community efforts to reduce UAD	38
Enforcement efforts to reduce UAD	11
Community efforts to reduce Rx misuse[1]	68
Community specific data or info on UAD	15
Community specific data or info on Rx misuse^	29
General info or data related to UAD (not community specific)	21
General info or data related to Rx misuse (not community specific)[1]	53
Other	329

[1]These items contribute to the ADAP media advocacy performance measure on the Dashboard:
http://healthvermont.gov/hv2020/dashboard/alcohol_drug.aspx

Successes

Grantees reported positive relationships with local media and good coverage of regional prevention efforts, especially Take-Back Days and community summits on opiate use. They also reported receiving invitations to be interviewed for local television or newspapers and in some cases to have a regular media spot.

> *We have established very good relationships with reporters from all 3 local newspapers and they are open to our suggestions for articles. Publishers have always printed our submissions. The local radio station is eager for us to conduct a radio interview and supports doing more.*

> *We felt that it was a success that both the Stowe Reporter and the Transcript devoted front page coverage to YRBS results and ongoing discussions.*

> *In addition to having all of our press releases published, we had a letter to the editor about the Brattleboro Community Conversation was published and opinion column about alcohol use and suicide was published in the Brattleboro Reformer.*

> *Newspaper article about community efforts to reduce Rx drug misuse/abuse provided a clear message in line with our prevention efforts around prescribing, use, storage and disposal.*

Challenges

The biggest challenges described by grantees were developing a process for coordinated media outreach and tracking at the regional level, and not having the ability/capacity to monitor local media.

> *Organizing efforts to best represent the entire network's efforts and monitor all media resources in the most efficient way is still presenting a large logistical challenge.*

The biggest challenge is collecting all of the earned media. If we send a request to all of the newspapers, it is difficult to know if they were actually published. Not all coalitions have subscriptions to all of the papers or have the staff to monitor all of the papers on a daily basis.

V. Capacity Building

As described in section I, one of the objectives of Vermont's PFS is to increase regional capacity to implement substance abuse prevention strategies utilizing the existing structure of the District Offices to coordinate these activities. As one important aspect of capacity building, community mobilization and development of partnerships was also described in the preceding section. Another key component of capacity building is the provision of training and technical assistance (TTA) needed to successfully mobilize community members and implement prevention interventions. TTA needs are reported by intervention in CGRS and discussed at site visits with ADAP staff. In addition, a training needs assessment was conducted in the summer of 2014 by the Center for Health and Learning, the organization contracted to plan and coordinate grantee trainings. These data, along with information obtained at site visits and through bimonthly networking, are used by ADAP to develop training plans for the coming year. VDH sponsors formal trainings either in person or via webinar throughout the year which are open to all PFS grantees as well as other community partners and are coordinated by the Center for Health and Learning.

A few TTA needs were identified during the first year through data submitted in CGRS, including training on effective strategies for working with the media and media advocacy, strategies for the prevention of prescription drug misuse, how to use the Department of Liquor Control website to track local compliance checks and recognizing retailers who pass compliance checks. Several VDH sponsored trainings were held during the first year of implementation and included the following topics: Orientation to CGRS, Orientation to PFS, Education on Policy Approaches, Media Advocacy, and Leadership Development. Materials from most of these trainings can be found on the website of the Center for Health and Learning http://www.healthandlearning.org/strategic-prevention.html. The training needs assessment conducted in the summer of 2014 revealed interest in additional training on engaging youth parents, evaluating project outcomes, using the Results Based Accountability framework, and increasing cultural competency and competency in addressing health disparities. Most of the topics identified by various sources above have been or will be addressed with past or future trainings. The topic of strategies to prevent prescription drug misuse has not been fully addressed with training, partly because of the lack of evidence-based strategies. VDH did launch a prescription drug misuse prevention toolkit in the fall that can be utilized by communities. Evaluations are conducted and compiled by the Center for Health and Learning for these formal training events and summaries of these evaluations can be obtained through ADAP.

One of the primary roles of the Prevention Consultants within each region is to provide TTA to community partners on the use of the Strategic Prevention Framework (SPF) to successfully implementation prevention strategies and build capacity. Work is underway within ADAP to better evaluate the provision of this TTA as well as the effectiveness of this regional infrastructure in general. This section will describe the information PIRE has collected so far as well as plans for additional assessment of regional capacity.

PIRE has been working with ADAP to standardize questions about community partners' experiences with TTA provided by ADAP staff across grant programs. For the PFS, this is done in part through questions in CGRS. From October 2013 through June 2014, grantees were asked to report on the usefulness of TTA received for each intervention by source provided (e.g. Prevention Consultant, ADAP Grants Manager, VDH sponsored training, etc.). Table 12 shows the number of grantees who reported receiving TTA for each type of intervention and the average usefulness rating given by the recipient of the TTA across all of the various sources.

Table 12. TTA received on Specific Interventions and Usefulness Ratings for the TTA (10/13 thru 6/14)

Intervention:	N of grantees (N=6)	N of grantees receiving TTA	Mean average useful-ness rating*
Alcohol Edu	1	1	4.00
Community mobilization	6	5	3.85
e-CHECKUP for College	2	1	4.00
e-CHECKUP for the Community	2	1	4.00
Education and outreach to community on proper storage and safe disposal of unused prescription drugs	6	3	3.88
Enhancements to Open Container Regulations	1	0	
Enhancements to Restrictions on Advertising and Promotion	1	0	
Enhancements to Social Host Liability	1	0	
Restricting Alcohol Outlet Density	2	1	4.00
Restrictions on Alcohol in Public Places and/or at Community Events	5	2	3.33
Party Patrols	5	0	
Saturation patrols	5	0	
Enhancements to Social Host Liability: Social Marketing	1	1	3.88
Guiding Good Choices	1	0	
Healthy Retailers Activities	1	1	3.00
Media advocacy	6	5	3.04
Nurturing Parenting Program	1	0	
Outreach to pharmacists and prescribers on providing education to patients on prescription drug misuse, safe storage and disposal	6	2	4.00
Parenting Wisely	1	0	
Retailer recognition for passing compliance checks	6	2	4.00
Sticker shock	5	1	2.50
Support activities for RBS training	6	1	4.00

*1=not at all useful, 2=not very useful, 3=somewhat useful, 4=very useful. The rating for each intervention is the average rating by recipients for TTA received across all the sources that provided TTA on that intervention.

Almost all grantees received some TTA in Community Mobilization and Media Advocacy, two of the strategies that all are implementing and were the focus for grantee trainings during this time frame. No TTA was reported as being received for other strategies such as some of the policy enhancements, enforcement strategies and parenting programs. Overall, most of the usefulness ratings were between somewhat useful and very useful.

Following a review of data collected through these questions across several ADAP prevention grants, ADAP decided to change the questions to focus on satisfaction with and contribution of technical assistance (TA) only (because trainings are all evaluated separately). Starting in July, items in CGRS were changed to reflect this new focus and to assess TA received by overall topic area and source rather than by intervention. Tables 13 and 14 summarize these data from the July-Oct 2014 reporting period.

Table 13. Satisfaction with TA Received, by Source (7/14 thru 9/14)

Number of Grantees Reporting:	Source of TA:		
	Prevention Consultant	ADAP Grant Manager	Other VDH Staff
Very Dissatisfied	0	0	0
Somewhat Dissatisfied	0	0	0
Neutral	0	0	0
Somewhat Satisfied	2	2	3
Very Satisfied	4	4	3

Table 14. Level of Contribution of TA Received, by Source (7/14 thru 9/14)

Number of Grantees Reporting:	Source of TA:		
	Prevention Consultant	ADAP Grant Manager	Other VDH Staff
Did not contribute at all	0	0	0
Contributed a little	0	1	0
Contributed some	1	1	0
Contributed a fair amount	2	2	2
Contributed a great deal	3	2	4

These data are from a limited time period, but so far they indicate that grantees are satisfied with the TA they have received from PCs and that it is contributing to the success of their project.

Changes in regional capacity to prevent underage drinking and prescription drug misuse will be examined through qualitative data collection (one-on-one interviews and/or focus groups) with VDH staff and community stakeholders in each region. This qualitative assessment will

focus on understanding how the targeted regional approach of the PFS has changed regional- and community-level capacity to prevent underage drinking and prescription drug misuse, including the barriers to making progress and how have they been overcome. The assessment will be conducted in the spring and early summer of 2015 and analysis will be completed during the fall.